

CODE	Section IX	MEMBERSHIP	Y E S	N O	N O T E
	Standard of 95 percent relates to requirements of timeliness, accuracy and disclosure.				
MEMBERSHIP RULES					
MB01	The MCO notifies Medicare enrollees of the changes in its rules at least 30 days before the effective date of the change. 42 CFR 417.436(c)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
PREMIUMS AND OTHER AMOUNTS DUE					
MB02	The MCO does not make changes during the contract year which result in an increase in premiums or a decrease in benefits. If there is a mid-year regulatory change in Medicare program benefits, the MCO notifies its enrollees of the added benefits. § 1876(c)(2)(B) of the Social Security Act		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
MB03	When the MCO incorrectly collects premiums and/or other amounts due (as defined in 42 CFR 417.456(a)(1)(2)(3)), it refunds those amounts to Medicare enrollees or to others who made payments on behalf of such enrollees. 42 CFR 417.456(a) and (b); HMO Manual § 2170 (citation subject to change.)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
MB04	The MCO refunds incorrectly collected amounts by lump sum payment and/or by future premium adjustments. 42 CFR 417.456(c) & (d); HMO Manual §2170 (citation subject to change. )		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
REPORTING AND RECONCILIATION OF RECORDS      Use Worksheets: WS-MB1; WS-MB2; WS-EN1					
MB05	The MCO reviews the <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i> listings and the <i>Maintenance Records</i> upon receipt and appropriately follows up on any change in enrollee's status. HMO Manual § 6004 §2170 (citation subject to change.)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
MB06	<u>RISK MCOs ONLY:</u> The MCO has an effective system in place to track, control, and report institutional rate cell status. The MCO (MCO) verifies its enrollees' institutional status at the beginning of each month, correctly defines such status, accurately identifies those enrollees that resided in an institution for the full month, and submits such data to HCFA. <i>OPL 97.054</i>		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
MOE	<u>MB06</u> ● <u>Institutional Rate Cell Status.</u> MCOs must demonstrate to the reviewer a written process for reviewing the status of all institutional rate-cell eligible individuals monthly. This process must evidence a clear understanding of the eligibility requirements for institutional payment. Utilize worksheet WS-MB1.				

MOE con't.	<p>In order to qualify for the institutional rate, a Medicare enrollee must have been a resident of an institution for a minimum of 30 consecutive days which includes, as the 30th day, the last day of the month prior to the month for which the higher institutional rate cell is paid. This qualifying period of residency must be satisfied each month in order for the HMO/CMP to be paid at the higher institutional rate.</p> <p>HCFA will continue to pay the institutionalized AAPCC payment rate while an enrolled member is temporarily absent from the facility for hospitalization or therapeutic leave if a bed is being held and paid for on behalf of the member. Temporary interruptions (less than 15 days) for medical necessity will be counted toward the 30-day requirement.</p> <p>In order to clarify the residency requirement, the use of the term "calendar month" cannot be used. A calendar month can have 28 to 31 days and thus cannot be substituted for 30 days. For example, in a month with 31 days, a beneficiary would have to be institutionalized from the 2nd - 31st day of the month to meet the requirements for reporting institutionalized status.</p>			
RISK-BASED CONTRACTORS ONLY - WORKING AGED				
MB07	The MCO has an effective system in place to track, control, and report enrollees' working aged status. <i>HCFA Program Updates, October 11, and October 20, 1994.</i>		[ ] MET	[ ] NOT MET
MOE	<p><b><u>MB07:</u></b></p> <ul style="list-style-type: none"><li>● <b><u>Working aged enrollees employed with groups of 20 or more employees:</u></b> Per Instructions to Industry Memorandum, dated January 11, 1994, risk-based contracting MCOs are responsible for identifying and reporting working aged members beginning January 1, 1995. The minimum requirements are:<ul style="list-style-type: none"><li><input type="checkbox"/> a questionnaire to all new members,</li><li><input type="checkbox"/> an annual questionnaire to all beneficiaries,</li><li><input type="checkbox"/> biannual advertisement through newsletter or other means,</li><li><input type="checkbox"/> verification upon receipt of HCFA data, i.e., from the Common Working File (CWF), and</li><li><input type="checkbox"/> incorporation of a working aged identifier in the coordination of benefits (COB) activities.</li></ul></li><li>● <b><u>Working aged enrollees employed with groups of less than 20 employees:</u></b> This requirement (see EN-17) does not prohibit the small group employer from entering into an agreement with the MCO to retain benefits for such "working aged" employees under the group (commercial) product and informing Medicare-eligible employees of this option.</li></ul>			